DUPLICATE APPLICATION

Kentucky Board of Barbering 9114 Leesgate Rd., Suite 6 Louisville, KY 40222-5055

BARBERX	BARBERX APPRENTICE				
Name	e Home Phone				Ву
A ddress					date
AddressNumber and Street	City	Cor	unty	Zip	Restoration Fee \$
Shop Name(Required)					_ By
					date
Shop Address(Required)					Renewal Period June 1 to July 31 Late fee \$25.00 after July 31
Number and	l Street	City	County	Zip	
FINANCIAL LOAN STATUS NOTICE					
(Important, Please read carefully)					
(KHEAA). Failure to complete this	form will result in you anding between KHEAA loans with KHEAA.	and the Kentucky	l being denied by th	ne Kentucky Board of lequires applicants for lice	stucky Higher Education Assistance Authority Barbering pursuant to KRS 164.772(3) (eff. nsing to certify to the Board that he or she is not
I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority.					
I hereby state that I am in arrear	s or default on a repaymen	nt obligation under	any financial assistan	ce program with Kentuck	y Higher Education Assistance Authority.
I understand that if I am in arrears or d license to practice as an Apprentice/Ba	1 *				gher Education Assistance Authority, my
Signature			Name (please print)		
Date			Social Security Number		
This forms must be sioned and notions	ad to the Ventucky Dogs	I - f D l I		managed annihagian Var	an amplication will not be amongs of until this

This form <u>must be signed and returned to</u> the Kentucky Board of Barbering along with your license/renewal application. <u>Your application will not be processed until this signed and dated form is received</u>. Licenses purchased by check will be held 10 working days for clearance.